

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031309

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

4179

FILED AUG 28 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 10 Months	c. CITY OR TOWN Raytown Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7507 Crescent Drive Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LEE Middle HORTON Last SMITH			4. DATE OF DEATH Month August Day 10 Year 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-18-1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Plumbing Contractor		10b. KIND OF BUSINESS OR INDUSTRY Colorado	9. AGE (last birthday) 85 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
13a. FATHER'S NAME I. F. Smith		13b. MOTHER'S MAIDEN NAME Unknown	12. CITIZEN OF WHAT COUNTRY U. S. A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish-American		14. NAME OF HUSBAND OR WIFE Adelaide T. Smith	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Walter H. Smith Raytown, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adrenal Cortical Hypofunction Path 3 days Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 3 days
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 11/3/58 to 8/10/62 and last saw him alive on 8/9/62 Death occurred at 9:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert W. Hamill M.D. (Degree or title)		22b. ADDRESS Kansas City Mo	
22c. DATE SIGNED 8/10/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-13-62	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington	
23d. LOCATION (City, town, or county) Kansas City, Mo.			
24. FUNERAL DIRECTOR Freeman Mortuary		25. DATE RECD. BY LOCAL REG. 8-13-62	
ADDRESS Kansas City, Mo.		26. REGISTRAR'S SIGNATURE Ruth Long	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Robert W. Hamill

USE BLACK INK
OR
TYPEWRITER RIBBON

Mr. ROBERT HAMILL.
Room 140
4320 WOODBURN RD.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Clayton H. Barnes

Licensed Embalmer No. 4793

P. O. Address K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.